



Washington
State Department of
Agriculture

Emergency Food Assistance Program

Biennial EFAP Application Handbook

WASHINGTON STATE DEPARTMENT OF AGRICULTURE (WSDA)

Food Safety and Consumer Services Division

Food Assistance Programs

The WSDA Emergency Food Assistance Program

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Section 1: EFAP Application – First Steps

INTRODUCTION

PURPOSE

This application is for public or private nonprofit organizations in the state of Washington that are interested in serving as a Contractor under the Washington State Department of Agriculture's (WSDA's) Emergency Food Assistance Program (EFAP). Successful applicants will enter into a contract with the WSDA for the 2015-2017 biennium. The Contractor will administer subcontracts with one or more local organizations that (1) are Food Banks that distribute foods to food pantries or (2) are Food Pantries that distribute foods directly to needy persons.

AUTHORIZATION

RCW 43.23.290 authorizes WSDA to administer the Food Assistance Programs. Chapter 16-740 WAC outlines the rules for administering the Emergency Food Assistance Program (EFAP).

FUND ALLOCATION (Subject to Availability of Funds)

As of the release of this application the legislature has not passed a budget. The final budget for the program will be based on the amount of funding granted to this program by the legislature. WSDA is in support of the Governor's budget, which maintained the same funding level minus the additional \$800,000 one-time increase received in State Fiscal Year 2015. Therefore, we anticipate that the final 2015-17 EFAP biennial budget will be approximately \$10 million. The allocation table included with the application is a placeholder. An amendment to this grant may be required once the budget is passed and signed by the Governor. These funds may be used by non-tribal Contractors, Food Banks and food pantries for the purchase of food, including special dietary needs (SDN) foods, nutrition training, operational costs, equipment purchases and repairs and limited administrative costs. (Note tribes' funding is a separate allocation that is included in the \$10 million EFAP allotment.)

Funds for the county-based Food Pantry Program are allocated for each county according to the following formula:

1. Each county shall receive a base amount of \$10,000 each fiscal year.
2. The remaining funds shall be distributed by each county's percentage of the state's population with incomes at or below 100 percent of federal poverty guidelines based on the current 5-year average Census Bureau's American Community Survey data.
3. Any other program funds will be allocated at the time and for the purpose authorized by the Washington State Legislature.

*NOTE THAT IF APPLICANT WISHES TO ALSO APPLY FOR EFAP FUNDING TO PROVIDE FOOD PANTRY SERVICES OR FOOD BANK SERVICES, APPLICANT MUST ENTER INTO A SEPARATE SUBCONTRACT FOR EACH ACTIVITY.

ONCE THE APPLICATION IS ACCEPTED: (Contract is drawn up for signature)

Once the contract has been executed, the following items will be required:

10 days after contract execution:

- The Applicant's most recent audit report or Accounting System Verification Form (AGR FORM 609-2206). There are some exceptions to this requirement; see, Paragraph 9 Audit, of the attached draft 2015-2017 FAP Contract General Terms and Conditions.

30 days after contract execution:

- Registration of Food Pantries with 211; Paragraph 44.3 of the attached draft 2015-2017 FAP Contract General Terms and Conditions (submittal to WSDA not required but Contractor must keep proof on file).
- Subcontractor dispute process policy in writing; see Paragraph 18.6 of the draft FAP Contract General Terms and Conditions (submittal to WSDA not required but Contractor must keep proof on file.)
- Insurance certificates and additional insured endorsements; see Paragraph 29.5 of the draft FAP Contract General Terms and Conditions.

45 days after contract execution: (New Contractors Only)

- The Applicant's most recent audit report or Accounting System Verification Form (AGR FORM 609-2206), see Paragraph 9 of the draft FAP Contract General Terms and Conditions (this requirement applies only to applicants who have never contracted with WSDA AND have never been required to complete a single audit or financial audit).

ASSURANCES

The Applicant hereby assures and certifies that it will comply with the regulations, policies, guidelines and requirements as they relate to the application, acceptance and use of state of Washington funds for the Emergency Food Assistance Program. Also, the applicant gives assurance and certifies with respect to the Contract that applicant:

1. If not a public agency, has been in operation as a 501(c)3 exempt nonprofit or public agency for at least one year prior to the beginning of the Contract period and is registered as a nonprofit agency with Washington Secretary of State's office. Churches and religious organization associated with a church are exempt from having to prove Secretary of State registration and 501(c)3 status.
2. Will spend all funds in accordance with the Contract and any amendments.
3. Has conducted the application process including the allocation of EFAP funds, in collaboration with Food Pantries at the local/county level and, therefore, ensures that EFAP funds shall be directed to areas of greatest need based upon data available in your service area's county(ies). Minutes to the meeting with EFAP participants must be submitted with the application. For more information on this requirement, see Biennial Meeting Requirements.
4. Can provide documented concurrence of the participating Food Pantries to serve as Contractor for the service area's counties. For more information on this requirement, see Biennial Meeting Requirements.
5. Can comply with the General Terms and Conditions and the EFAP Special Terms and Conditions in the draft FAP Contract template, copy attached with the application. Applicant's assurance does not bind WSDA to offering a FAP Contract with the exact terms and conditions of the attached draft template; the final contract offered by WSDA may differ in some aspects from the attached.
6. Verify that its participating Subcontractors meet the eligibility requirements.
7. Shall enter into biennial subcontracts with its Food Bank and Food Pantry Subcontractors in accordance with the Subcontracting requirements under the draft FAP Contract template, Paragraph 44 of the General Terms and Conditions. **NOTE:** The Food Bank and Food Pantry Packets included with this Application Form contain WSDA's Example Food Bank Subcontractor Template and Example Food Pantry Subcontractor Template. The packet is drafted so that if the Applicant and the Food Pantries and Banks agree that the Terms and Conditions set forth in the Packets is all that is necessary to form the relationship between the parties, all that is necessary to create the Subcontract is for both parties to sign as directed by the instructions. APPLICANT, HOWEVER, IS NOT REQUIRED TO USE WSDA'S SUBCONTRACTOR TEMPLATES.

As provide by Paragraph 44 of the draft FAP Contract template, the Applicant's subcontracts must comply substantively with WSDA's subcontract templates, though the Applicant may use different formats or phrasing. Applicant may include any additional terms in the Subcontracts that Applicant deems necessary for full compliance of its Subcontractors. Further, Applicant has discretion to delete the templates' requirement that Subcontractors indemnify Contractor and name Contractor as additional insured.

WSDA does not warrant that the example subcontract templates fully protect Applicant's needs or interests. WSDA expressly disclaims that the example subcontract templates include all of the agreement that may exist between Contractor and Subcontractor. Applicant must rely on itself or seek its own legal counsel to determine the adequacy of any provision of any agreement it enters into with Subcontractors.

If Applicant is not satisfied with the templates, Applicant may propose its own form of subcontract. However, unless using the provided WSDA Subcontract without modification, the Applicant must first obtain approval from WSDA for its subcontract template. WSDA's review for approval will be limited to assuring that the subcontract contains the minimal substantive terms that WSDA considers necessary for the emergency food assistance program.

Biennial Meeting Requirements

The current contractor must conduct a meeting regarding the distribution of EFAP funds for the next biennium prior to submitting the EFAP application. This meeting is mandatory for all food pantries and food bank distribution centers to receive EFAP funding as well as any agency considering being the lead contractor.

Please make sure all interested food pantries and food banks receive a meeting notification. (A sample template is provided for your use) All participants must receive a copy of the Required EFAP Biennial Meeting Handout (Publication No. 609-460).

The following items must be submitted with the EFAP application:

Minutes from the Required County Meeting: Provide clear and detailed minutes of the meeting where participants selected the Contractor, Food Bank (if one), and allocations of funding in each EFAP budget category allowed for the coming biennium. **Minutes must include:**

1. A copy of the meeting notification letter given to the food pantries and food banks.
2. Date(s) of meeting(s).
3. Purpose of meeting(s).
4. List of participants and organizations represented.
5. List of organizations not represented (Non-participating food pantries) Please indicate the date(s) they were notified of the meeting and the reason they are not participating. Only the following reasons will be accepted:
 - a. Does not want to participate.
 - b. Does not meet program eligibility requirements.
 - c. Does not have adequate funding sources to meet the match.
 - d. Cannot comply with program assurances.
 - e. Did not respond to inquiries (note dates contacted).
 - f. Duplication of services of current participating food pantries
6. Summary of the following:
 - a. Selection process including discussion points and final vote information:
 - i. Were there new food pantries added; include discussion points on possible duplication of service and whether current food pantries considered adding the new food pantry(ies)
 - ii. Lead Contractor chosen;
 - iii. Food Bank(s)
 - b. Agreed upon criteria for making funding allocations to the different EFAP budget categories; include important discussion points and outcomes of the votes for:
 - i. Funding for the food pantries - include formula for allocating funding to each food pantry;
 - ii. Funding for the Food Bank(s);
 - iii. Funding for equipment purchases;
 - iv. Funding for special dietary needs food
 - c. If a multi-county Contractor area, summary of discussion and vote on combining funding for region for the purpose of deciding how to allocate the EFAP funds.

Biennial Meeting Notification – Sample Letter Template

FROM: Agency Name

SUBJECT: **IMPORTANT! Required Meeting to Discuss Distribution of EFAP Funding**

Meeting Date: _____ Time: _____

Place: _____

Contact Name: _____

Contact's Phone #: _____ Contact's Email: _____

As the current contractor, we are conducting a meeting regarding the distribution of _____ County's EFAP funds, offered through the Washington State Department of Agriculture (WSDA) for the next biennium (July 1, 2015-June 30, 2017). This meeting is mandatory for all food pantries and food banks (distribution centers) to receive EFAP funding as well as any agency considering being the contractor for next biennium.

The EFAP funding is very flexible in terms of how it can be used in each county. **Food pantries have both the responsibility and privilege of determining how it will be spent.** Decisions on several issues will be decided at this meeting with a two-thirds vote of those involved. Just because you have used the EFAP funding the same way for years does not mean you cannot change what you do with it for the next two years!

Any agency not currently the contractor who is considering being the contractor must notify WSDA staff, either Susan Eichrodt at 360-725-2853 or Kyle Merslich at 360-725-5657, so that the State can make a site visit to determine if that agency has the capacity to be the contractor. In addition, please notify us, the current contractor, at least a week before the meeting if your agency or any other agency you know of is interested in becoming either the contractor **or** food bank distribution center.

Required EFAP Biennial Meeting Handout (Publication No. 609-460)

In order to be certain that all food pantries understand the application process for the Emergency Food Assistance Program (EFAP), the Washington State Department of Agriculture (WSDA) has asked that each county's current lead contractor provide all potential subcontractors the information in this document that outlines the process. WSDA wants to be certain that all participating agencies across the state receive the same information.

Full Publication available for Download – please visit our website at:

<http://agr.wa.gov/FoodProg/Forms.aspx>

Section 2: Allocations, Application, Instructions, and Examples

2015-2017 EFAP Estimated Budget Allocation Table

Emergency Food Assistance Program 2015-2017 County Allocations

5 Year ACS Poverty Data - \$10,000 base

WA Counties	% living in County @ 100% of Poverty 2009-2013 ACS Estimates	# Living in County @ 100% of Poverty 2009-2013 ACS Estimates	SFY 2016 Funding	SFY 2017 Funding	Total SFY 16-17 Funding
ADAMS	22.9%	4,233	31,330.75	31,273.09	62,603.84
ASOTIN	13.6%	2,911	24,668.98	24,629.33	49,298.31
BENTON	12.8%	22,560	123,683.37	123,376.07	247,059.44
CHELAN	13.2%	9,560	58,174.34	58,044.11	116,218.45
CLALLAM	14.6%	10,288	61,842.84	61,702.70	123,545.54
CLARK	12.4%	53,164	277,901.72	277,177.54	555,079.26
COLUMBIA	17.1%	677	13,411.51	13,402.29	26,813.80
COWLITZ	17.6%	17,750	99,445.03	99,203.24	198,648.27
DOUGLAS	15.8%	6,104	40,759.01	40,675.86	81,434.87
FERRY	20.7%	1,555	17,835.89	17,814.71	35,650.60
FRANKLIN	20.2%	16,118	91,221.12	91,001.57	182,222.69
GARFIELD	12.1%	266	11,340.42	11,336.79	22,677.21
GRANT	20.3%	18,055	100,981.97	100,736.03	201,718.00
GRAYS HARBOR	19.0%	13,058	75,801.31	75,623.43	151,424.74
ISLAND	9.0%	6,886	44,699.63	44,605.83	89,305.46
JEFFERSON	13.3%	3,852	29,410.83	29,358.36	58,769.19
KING	11.5%	222,813	1,132,789.57	1,129,754.50	2,262,544.07
KITSAP	10.4%	25,624	139,123.35	138,774.31	277,897.66
KITTITAS	22.6%	8,771	54,198.44	54,078.97	108,277.41
Klickitat	17.5%	3,567	27,974.67	27,926.08	55,900.75
LEWIS	15.4%	11,457	67,733.62	67,577.55	135,311.17
LINCOLN	14.2%	1,469	17,402.52	17,382.51	34,785.03
MASON	17.3%	10,142	61,107.13	60,968.97	122,076.10
OKANOGAN	20.7%	8,364	52,147.50	52,033.57	104,181.07
PACIFIC	17.2%	3,524	27,757.99	27,709.98	55,467.97
PEND OREILLE	20.4%	2,613	23,167.32	23,131.72	46,299.04
PIERCE	12.4%	97,870	503,182.24	501,849.10	1,005,031.34
SAN JUAN	10.8%	1,679	18,460.74	18,437.87	36,898.61
SKAGIT	13.5%	15,628	88,751.94	88,539.06	177,291.00
SKAMANIA	12.5%	1,382	16,964.11	16,945.29	33,909.40
SNOHOMISH	10.4%	74,004	382,917.74	381,909.68	764,827.42
SPOKANE	15.4%	70,574	365,633.43	364,672.10	730,305.53
STEVENS	16.5%	7,063	45,591.56	45,495.35	91,086.91
THURSTON	11.7%	29,545	158,881.88	158,479.43	317,361.31
WAHIAKUM	22.6%	875	14,409.26	14,397.34	28,806.60
WALLA WALLA	17.8%	9,632	58,537.16	58,405.95	116,943.11
WHATCOM	16.4%	32,503	173,787.70	173,344.96	347,132.66
WHITMAN	32.6%	12,772	74,360.11	74,186.13	148,546.24
YAKIMA	22.6%	54,303	283,641.31	282,901.62	566,542.93
TOTALS		893,211	4,891,030.01	4,878,862.99	9,769,893.00

Full Allocation Comparison of FY13-15 and Estimated FY15-17 available for download on our website at:

<http://agr.wa.gov/FoodProg/Forms.aspx>

EFAP Biennial Application - Excel Documents

The application documents are located on a separate excel document named **2205-EFAPBiennialApplication.xlsx**.

This workbook contains the following tabs:

- Application Checklist – A list of all required documents to complete your application.
- Applicant Info – Contact Information for your agency.
- Face Sheet – Full Application & Budget Overview
- Attachment B – Biennial Estimated Budget and Matching Funds Summary
- Attachment C – Applicant Allocation Process Summary
- Attachment D – Certification of Participating Food Pantries
- Attachment E – Food Bank Service Area Certification

Enter **only** into the **yellow highlighted** cells for each tab. All gray highlighted cells have formulas that are linked within the workbook.

The Face Sheet tab is linked to attachments B, C, D, and E and automatically fills in the budget line items. Once you have entered all of the data into the various tabs, please verify that the year's total (item 11 on the Face Sheet) is equal to the yearly total for your county(ies) on the 2013-2015 Estimated Budget Allocation Table.

If you have any questions regarding the application, please contact one of the following regional representatives:

- **Susan Eichrodt** - (360) 725-2853; seichrodt@agr.wa.gov
- **Kyle Merslich** - (360) 725-5657; kmerslich@agr.wa.gov

Instructions for Completing the Applicant Information Tab

****To complete this portion of the EFAP application you must access the included Excel Workbook named 2205-EFAP BiennialApplication.xlsx – open the tab labeled Applicant Information****

Enter in **only** the yellow highlighted cells for each attachment.

Please enter the following into the Applicant Information Tab:

1. Enter the following applicant information:
 - a. Agency Name
 - b. Physical Address
 - c. Mailing Address (if different)
2. Contact Person – name , address, email, phone, fax
3. Board Chair or Equivalent - name , address, email, phone, fax
4. Executive Director or Business Administrator - name , address, email, phone, fax
5. Fiscal Director - name , address, email, phone, fax
6. EFAP Primary Fiscal Staff Contact - name , address, email, phone, fax
7. EFAP Primary Program Staff Contact - name , address, email, phone, fax
8. EFAP Secondary Program Staff Contact

Applicant Information - Example

2015-2017 EFAP Biennial Application

Washington State Department of Agriculture
Food Safety and Consumer Services Division
Food Assistance Programs
PO Box 42560
Olympia WA 98504-2560

Applicant Information			
Agency Name:	123 Food Assistance Lead Contractor		
Physical Address:	555 My Street, Your Town, WA 98503		
Mailing Address: (if different)	PO Box 5555, Your Town, WA 98503-5555		
Contact person for questions regarding responses to this form:			
Name:	Awesome Person		
Phone:	(360) 555-5555		
Email:	awesome@email.com		
Board Chair or Equivalent			
Name:	Brilliant Board Chair	E-mail:	Board@email.com
Address:	5555 My Street	Phone:	(360) 555-5555
City/State/ZIP	Your Town, WA 98503	FAX:	(360) 555-5544
Executive Director or Business Administrator			
Name:	Excellent Director	E-mail:	Director@email.com
Address:	5555 My Street	Phone:	(360) 555-5555
City/State/ZIP	Your Town, WA 98503	FAX:	(360) 555-5544
Fiscal Director			
Name:	Fantastic Fiscal	E-mail:	Fiscal@email.com
Address:	5555 My Street	Phone:	(360) 555-5555
City/State/ZIP	Your Town, WA 98503	FAX:	(360) 555-5544
EFAP Primary Fiscal Staff Contact			
Name:	Fabulous Staff	E-mail:	Fstaff@email.com
Address:	5555 My Street	Phone:	(360) 555-5555
City/State/ZIP	Your Town, WA 98503	FAX:	(360) 555-5544
EFAP Primary Program Staff Contact			
Name:	Perfect Program	E-mail:	Program@email.com
Address:	5555 My Street	Phone:	(360) 555-5555
City/State/ZIP	Your Town, WA 98503	FAX:	(360) 555-5544
EFAP Secondary Program Staff Contact			
Name:	Super Second	E-mail:	Ssecond@email.com
Address:	5555 My Street	Phone:	(360) 555-5555
City/State/ZIP	Your Town, WA 98503	FAX:	(360) 555-5544

For WSDA Use Only	
<input type="checkbox"/> Administration is within allowable limits	<input type="checkbox"/> Original signatures on all forms
<input type="checkbox"/> Contract total is correct	<input type="checkbox"/> All required documentation provided
<input type="checkbox"/> Has current 501c3 status	<input type="checkbox"/> Checked for Suspension and Debarment
Follow up Needed: _____	

Instructions for Completing the Application Face Sheet

****To complete this portion of the EFAP application you must access the included Excel Workbook named 2205-EFAP BiennialApplication.xlsx – open the tab labeled [Face Sheet](#)****

This file automatically adds up the budget totals from all of the workbook tabs and enters them into the Face Sheet.

Enter in **only** the **yellow highlighted** cells for each attachment. All gray highlighted cells have formulas or are linked within the workbook. These cannot be changed or enter information in.

Please enter the following into the Face Sheet tab:

1. **APPLICANT'S NAME AND ADDRESS:** Enter name of applicant, street and mailing address, including city and zip code.
2. **STAFF REPRESENTATIVE'S NAME, TITLE, PHONE, and EMAIL:** Enter name of the applicant's program staff contact, their title, his/her telephone number including area code, and email address.
3. **TOTAL ESTIMATED CONTRACT AMOUNT:** This is a gray cell. The total automatically fills in from other spreadsheets. Verify all totals are accurate by referring to your county's allocation. Estimated Budget Allocation Table; add totals for both years of all counties you will serve as Contractor.
4. **CONTRACT PERIOD:** Completed by WSDA.
5. **APPLICANT'S FISCAL YEAR:** Enter applicant's beginning and ending fiscal year dates. (Example: January 1 through December 31)
6. **FUNDING AUTHORITY:** Completed by WSDA.
7. **TAX IDENTIFICATION NUMBER:** Enter the applicant's Internal Revenue Service (IRS) number.
8. **UNIFIED BUSINESS IDENTIFIER NUMBER (UBI):** Enter the applicant's UBI number.
9. **DATA UNIVERSAL NUMBERING SYTEMS (DUNS):** Enter the applicant's DUNS.
10. **PURPOSE:** Completed by WSDA.
11. **BUDGET REQUEST:** All of these are gray cells that are automatically filled for each line item in each fiscal year from the following attachments: Attachment C, Attachment D, and Attachment E. Administration is the amount for Contractor administration (Attachment C), participating food pantries (Attachment D) and Food Bank(s) (Attachment E) and any EFAP funds used to pay allowable membership dues (Attachment C). Food Pantry operations, Food Bank operations, special dietary needs food purchases, and equipment for each fiscal year will populate from the different attachments the same way as administration.

Please Note: Unexpended first year funds may not be carried over to the second fiscal year. Second year funds cannot be spent in the first year.

12. **PROJECTIONS:** Enter the estimated total number of new + returning people (= visits) to be served each year, and the pounds of food the Food Bank will deliver to food pantries each year, if applicable.
13. **COUNTY(IES) SERVED BY APPLICANT:** Enter the county(ies) for which you will serve as Contractor.
14. **NOTE:** Completed by WSDA.
15. **CERTIFICATION:** Signature of board president, agency director, or other official authorized by your agency to sign applications.

Please verify that when all of the numbers are entered into the different tabs, the years' totals in #11 on the Face Sheet are equal to the yearly totals for your county's (ies) on the allocation chart.

Face Sheet - Example:



Washington
State Department of
Agriculture

2015-2017 EFAP Biennial Application
FACE SHEET

1. Applicant's Name and Address:

123 Food Assistance Lead Contractor

555 My Street

PO Box 5555

Your Town, WA 98503-5555

2. Staff Representative Information:

Name: Awesome Person

Title: Super Staff Representative

Phone: 3605555555

Email: awesome@email.com

3. Est. Contract Amount: \$ 90,622.05

4. Contract Period: July 1, 2015 - June 30, 2017

5. Applicant's Fiscal Year: Jan 1-Dec 31

6. Funding Authority:

State of Washington RCW 43.23.290

Chapter 16-740 WAC

Department of Agriculture

7. Applicant Tax I.D. Number: 91-9999999

8. Applicant UBI Number: 601-999-999

9. Applicant DUNS Number: 99-999-9999

10. Purpose: To provide funds to contractors and providers for the Emergency Food Assistance Program in the state of Washington.

11. Requests for Reimbursement are subject to the following estimated budget:

CATEGORY:	FY 2016	FY 2017	TOTALS FY 16 & 17
Administration	\$ 8,736.49	\$ 8,725.41	\$ 17,461.90
Food Pantry	\$ 16,000.00	\$ 16,000.00	\$ 32,000.00
Food Bank Operations	\$ 16,000.00	\$ 16,000.00	\$ 32,000.00
Equipment	\$ 2,631.50	\$ 2,528.65	\$ 5,160.15
Special Dietary Needs Food	\$ 2,000.00	\$ 2,000.00	\$ 4,000.00
TOTALS	\$ 45,367.99	\$ 45,254.06	\$ 90,622.05

12. Projections:

Estimate No. of People Served (New + Returning)		Est. lbs of Food From Food Bank Distribution Center	
FY 2016	FY 2017	FY 2016	FY 2017
5,240	6,765	47,000	52,000

13. County(ies) served by Applicant:

Okanagan

14. Please Note: The Department's acceptance of this application for funding is subject to subsequent program reviews to insure compliance, which may require corrective action by the contractor.

15. CERTIFICATION: To the best of my knowledge and belief, all data and information on this application are true and correct. The applicant will comply with the terms and conditions of the contract if funds are awarded.

Applicant:

Excellent Director

Authorized Signature

4/14/15

Date

Excellent Director / Executive Director or Business Administrator

Print/Type Name and Title

AGR FORM 609-2205 (N/3/15)
Face Sheet

Instructions for Completing Attachment B - Applicant Biennial Estimated Budget & Matching Funds Summary

****To complete this portion of the EFAP application, you must access the included Excel Workbook named 2205-EFAP BiennialApplication.xlsx - open the tab labeled Attachment B****

This file automatically adds up the totals and enters applicable information into the Face Sheet.

Enter in only the **yellow highlighted** cells. All **gray highlighted** cells have formulas or are linked within the workbook.

Please enter the following into the Estimated Budget and Matching Funds Summary: **(Attachment B)**

1. **I. Estimated EFAP Funds** -Enter the admin being taken by your agency in A.1. and all Subcontractors' admin in A.2. for **both** fiscal years. Enter all other budget costs for Contractor and all Subcontractors (food bank and food pantries) in row B.
2. **II. Other Funds Cash** - Enter the cash match amounts you estimated and your Subcontractors estimated as receiving as indicated from their Attachment B Budget Summaries in their subcontracts for each budget category.
3. **III. In-Kind** - enter the amounts of the in-kind values you estimated and your Subcontractors estimated as receiving as indicated from their Attachment B Budget Summaries in their subcontracts for each category.
4. **Other Sources** - Enter the matching sources of revenue and amounts as estimated by you and your Subcontractors. The total of cash revenue sources should be the same as the total in IIC and the total of In-Kind should match the amount in IIIC above.

BUDGET DEFINITIONS

ADMINISTRATION: Those general activities not clearly identifiable with the program but necessary for the program to succeed. Functions included are: planning, budgeting and accounting and establishing policies, goals and objectives. Administrative costs for Contractors are limited to ten percent of the total award. Food Pantry and Food Bank Subcontractors are also limited to ten percent administration of their individual allocations. Administrative costs may include:

- Personnel Costs--Salaries, wages and fringe benefits for personnel who are performing administrative duties.
- Travel expenses related to administrative activities.
- Rental or lease of space for administration.
- Other administrative costs such as: office supplies, rental of equipment, telephone, mailing, printing, insurance and audit costs.
- Up to one percent of contract for membership dues to organizations, whose concerns address anti-hunger and health issues.

OPERATIONAL EXPENSES: Those activities clearly identifiable with providing direct Food Pantry services to clients. Operational costs may include:

- Personnel costs--salaries, wages and fringe benefits for personnel who are actually performing duties related to client service, including networking and outreach activities.

- Travel/Transportation--mileage expense related to costs associated with transporting food from store, warehouse, or Food Bank to Food Pantries.
- Space costs--rent or lease payments for facilities or refrigeration units used to warehouse food; and costs of power, heat and water for food pantries' buildings.
- Food--purchase price of food, including food for Special Dietary Needs.
- Other operational costs, such as supplies and equipment directly related to providing Food Pantry services, equipment repairs and communication costs (telephone, mailing, and printing) directly related to providing Food Pantry services.
- Food Banks' cost of "doing business"--an accounting method for charging against a county's Food Bank allocation based on the number of pounds of food provided for the cost of handling, warehousing, and transporting of food. When the Food Bank allocation is spent, food pantries may elect to use their Food Pantry allocation to pay these expenses.
- Food Stamp Education activities.
- Up to 10 percent of the contract may be spent for the purchase of essential non-food items. (See Reference Materials)

IN-KIND VALUE DETERMINATION:

- **Services/Labor**--identify the number of hours provided, and the hourly value (the wage that would have to be paid if the person were hired). You may also use \$12.47/hour. Calculate the total for each volunteer.
- **Equipment/Supplies**--use the amount receipted to donor, or fair market value.
- **Transportation**--volunteer mileage that is donated is calculated at the current state rate. (current rate is \$0.56) Use actual cost of donated transportation from commercial carriers.
- **Food**--use \$1.73 per pound to estimate the value, or fair market value.

Attachment B - Estimated Budget and Matching Funds Summary Example

2015-2017 EFAP Biennial Application
Attachment B

Emergency Food Assistance Program
Applicant Biennial Estimated Budget & Matching Funds Summary (July1, 2015 - June 30, 2017)
Includes All Costs for Applicant (Contractor), Food Pantries and Food Banks

Category	I. Estimated EFAP Funds	II. Other Funds Cash	III. In-Kind	IV. Total Budget
A. Administration				
1. Applicant Admin	\$ 9,062.20	\$ 8,000.00	\$ 10,000.00	\$ 27,062.20
2. Subcontractor's Admin (Food Pantries & Food Banks) + Dues	\$ 9,062.20	\$ 8,000.00	\$ 2,000.00	\$ 19,062.20
Total Administration	\$ 18,124.40	\$ 16,000.00	\$ 12,000.00	\$ 46,124.40
B. All Other Expenses (Includes Operation, Equipment, Special Dietary Needs Food)	\$ 72,497.65	\$ 29,322.05	\$ 80,000.00	\$ 181,819.70
C. Total Budget	\$ 90,622.05	\$ 45,322.05	\$ 92,000.00	\$ 227,944.10

OTHER SOURCES FOR II. OTHER FUNDS (CASH) & III. IN-KIND, FOR APPLICANT, FOOD PANTRIES & FOOD BANKS

Cash Sources	Amount	Cash Sources	Amount	
Private Donations	\$ 14,000.00		\$	
Fund Raising	\$ 15,300.00		\$	
CSBG	\$ 3,500.00		\$	
United Way	\$ 2,522.05	Sub-Total Cash	\$ 45,322.05	These sub-totals must be the same as IIC
Homeland Security/FEMA	\$ 10,000.00			
Other Funding:	\$	Sub-Total Other Cash (II.C.)	\$ 45,322.05	
	\$	In-Kind Contributions (III.C.)	\$ 92,000.00	
	\$	Total - Other Sources (=Match)	\$ 137,322.05	

Budget Verification: (This section will be verified by WSDA)

Divide I.A.1 by I.C.	Percent:	10%	This cannot exceed 10%.
Divide IC. by IV.C.	Percent:	40%	This cannot exceed 50%.
Divide IIC. by I.C.	Percent:	50%	This cannot be less than 50%.

AGR FORM 609-2205 (N/3/15)
Attachment B

Instructions for Completing Attachment C –Applicant Allocation Process Summary

****To complete this portion of the EFAP application, you must access the included Excel Workbook named 2205-EFAP BiennialApplication.xlsx – open the tab labeled Attachment C****

This file automatically adds up the totals and enters applicable information into the Face Sheet.

Enter in only the **yellow highlighted** cells. All gray highlighted cells have formulas or are linked within the workbook.

Please enter the following into the Applicant Allocation Process Summary: **(Attachment C)**

1. Enter county name or names if the Applicant supports more than one county.
2. **Column A** - enter the amount of the county estimated allocation for each fiscal year, this information can be found on the 2015-2017 Estimated Budget Allocation Table.
3. **Column B** - enter the amount the Applicant is taking for administration for each fiscal year. Maximum the Applicant may take is 10% of the total allocation for the county.
4. **Column C** - enter the amount each county is paying in dues that will be charged to EFAP for each fiscal year. Maximum amount is 1% of the total allocation for the county. The amounts will be automatically added to the admin amounts on the face sheet.
5. Last column automatically sums.

Attachment C - Applicant Allocation Process Summary Example

2015-2017 EFAP Biennial Application
Attachment C

APPLICANT ALLOCATION PROCESS SUMMARY

FUND DISTRIBUTION DETERMINATION - Calculation of Administrative Amount for Contractor Activities and Amounts for Allocation to Food Pantries:

County(ies) Names (s)	(A)		(B)		(C)		(A) minus (B + C)	
	County Estimated Allocation		Applicant Admin. (Maximum 10% of Total County Allocation)		WA Food Coalition or Other Dues. Maximum of 1% of contract. (Is included in Admin. amount.)		Balance Allocated to Sub Contracting Food Pantries and Food Bank(s)	
	FY 16	FY 17	FY 16	FY 17	FY 16	FY 17	FY 16	FY 17
Okanogan	\$ 45,367.99	\$ 45,254.06	\$ 4,536.49	\$ 4,525.41	\$ 200.00	\$ 200.00	\$ 40,631.50	\$ 40,528.65
							\$ -	\$ -
							\$ -	\$ -
							\$ -	\$ -
							\$ -	\$ -

	FY 16	FY 17	FY 16	FY 17
Contractor Administrative & Dues Total (All Counties)	\$ 4,536.49	\$ 4,525.41	\$ 200.00	\$ 200.00

AGR FORM 609-2205 (N/3/15)
Attachment C

Instructions for Completing Attachment D - Certification of Participating Food Pantries

****To complete this portion of the EFAP application, you must access the included Excel Workbook named 2205-EFAP BiennialApplication.xlsx – open the tab labeled Attachment D****

This file automatically adds up the totals and enters applicable information into the Face Sheet.

Enter in only the **yellow highlighted** cells. All gray highlighted cells have formulas or are linked within the workbook.

Please enter the following into the Certification of Participating Food Pantries: **(Attachment D)**

1. Enter the name and title of person signing Attachment D.
2. Enter the Agency Name of Applicant.
3. Please list the following for all participating Food Pantries:
 - a. Food Pantry Name
 - b. Physical Location
 - c. Mailing Address
 - d. City / Zip
 - e. County
 - f. Contact person
 - g. FP Telephone #
 - h. Email Address
 - i. Food Supplies only? – check yes or no

EFAP uses this information in the database, Food Pantry locator and for communications with the Food Pantries. (NOTE: Completely fill in. Please keep EFAP staff updated on food pantry changes as they occur throughout the contract period.)

- j. If funds are allocated to Food Pantries, indicate how the estimated EFAP funds will be spent by each Food Pantry. Enter the following budget information for each fiscal year:
 - i. Administration
 - ii. Operations
 - iii. Equipment
 - iv. SDN Food
 - v. Food Pantry Match
 - vi. Cash reimbursement? – check yes or n

List all food pantries even if they only receive food and services, but not cash. List each fiscal year separately. Please provide all information requested by completely filling in all blanks.

Attachment D – Certification of Participating Food Pantries Example

2015-2017 EFAP Biennial Application
Attachment D

CERTIFICATION of PARTICIPATING FOOD PANTRIES (Complete Even if All Funds are Allocated to Food Banks for Distribution)

I certify that each Food Pantry listed below has signed or agreed to sign a written EFAP Food Pantry Subcontract, which the Contractor and Subcontractor will execute immediately upon execution of my FAP Contract. I further certify that each EFAP Food Pantry Subcontract details the amount allocated to the Food Pantry by budget category from WA State EFAP funds, provided that funding was allocated to the Food Pantries to control at their individual level.

Authorized Signature:

Awesome Executive

Date:

3/23/2015

Type Name:

Awesome Executive

Title:

Executive of the Awesomeness

Agency Name of Applicant:

Okanogan Community Action Council

Please list all participating Food Pantries, with their physical address, mailing address, county, zip code, a contact person, telephone number, and email address. EFAP uses this information in the database, Food Pantry locator and for communications with the Food Pantries. (NOTE: Completely fill in. Please keep EFAP staff updated on changes.)

If funds are allocated to food pantries, indicate how the EFAP funds will be spent by each participating food pantry. List all food pantries even if they only receive food and services, but not cash. List each fiscal year separately. Please provide all information requested below by completely filling in all blanks. (NOTE: budget amounts are estimated until a final EFAP budget is passed by the legislature.)

EFAP Food Pantry Estimated Budget Rollup

	FY 2016	FY 2017	TOTALS for FY 2016 & FY 2017
Administration	2,000.00	2,000.00	4,000.00
Operations	16,000.00	16,000.00	32,000.00
Equipment	1,000.00	1,000.00	2,000.00
SDN Food	1,000.00	1,000.00	2,000.00
Total EFAP	20,000.00	20,000.00	40,000.00
Food Pantry Match	20,000.00	20,000.00	40,000.00

AGR FORM 609-2205 (N/3/15)
Attachment D

Food Pantry Name	Food love #1		FY16	FY17
FP Physical Location	12435 Food St. Ct East	Administration	2,000.00	2,000.00
Mailing Address	9854 EFAP St. Ct East	Operations	16,000.00	16,000.00
City/Zip	Colville 85421	Equipment	1,000.00	1,000.00
County	Okanogan	SDN Food	1,000.00	1,000.00
Contact Person	Radness the Radical			
FP Telephone #	523-698-7848	Total EFAP	20,000.00	20,000.00
Email Address	Foodrad@FAP.com	Food Pantry Match	20,000.00	20,000.00
Food Supplies only?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Cash reimbursement?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Food Pantry Name			FY16	FY17
FP Physical Location		Administration		
Mailing Address		Operations		
City/Zip		Equipment		
County		SDN Food		
Contact Person				
FP Telephone #		Total EFAP	-	-
Email Address		Food Pantry Match		
Food Supplies only?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cash reimbursement?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Food Pantry Name			FY16	FY17
FP Physical Location		Administration		
Mailing Address		Operations		
City/Zip		Equipment		
County		SDN Food		
Contact Person				
FP Telephone #		Total EFAP	-	-
Email Address		Food Pantry Match		
Food Supplies only?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cash reimbursement?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Food Pantry Name			FY16	FY17
FP Physical Location		Administration		
Mailing Address		Operations		
City/Zip		Equipment		
County		SDN Food		
Contact Person				
FP Telephone #		Total EFAP	-	-
Email Address		Food Pantry Match		
Food Supplies only?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cash reimbursement?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Instructions for Completing Attachment E - Food Bank Service Area Certification

Complete only if funds are allocated to a food bank for food distribution .

****To complete this portion of the EFAP application, you must access the included Excel Workbook named 2205-EFAP BiennialApplication.xlsx – open the tab labeled Attachment E****

This file automatically adds up the totals and enters applicable information into the Face Sheet.

Enter in only the yellow highlighted cells. All gray highlighted cells have formulas or are linked within the workbook.

Please enter the following into the Food Bank Service Area Certification: **(Attachment E)**

1. Enter the name and title of person signing Attachment E.
2. Enter the Agency Name of Applicant.
3. Please list the following for all participating Food Banks:
 - a. Food Pantry Name
 - b. Physical Location
 - c. Contact person
 - d. Email Address
 - e. Telephone #
 - f. Estimated Pounds of Food for the biennium

EFAP uses this information in the database, and for communications with the Food Banks. (NOTE: Completely fill in. Please keep EFAP staff updated on changes as they occur throughout the contract period.)

- g. If funds are allocated to Food Banks, indicate how the estimated EFAP funds will be spent by each Food Bank. Enter the following budget information for each fiscal year:
 - i. Administration
 - ii. Equipment
 - iii. Operations
 - iv. SDN Food
 - v. Matching Funds

Please provide all information requested below by completely filling in all blanks. List each fiscal year separately.

Attachment E – Food Bank Service Area Certification Example

2015-2017 EFAP Biennial Application

Attachment E

FOOD BANK SERVICE AREA CERTIFICATION (Complete Only if Funds Allocated to Food Bank Distribution Services)

I certify that each Food Bank listed below has signed or agreed to sign a written EFAP Food Pantry Subcontract, which the Contractor and Subcontractor will execute immediately upon execution of my FAP Contract. I further certify that: Each subcontract details the amount allocated to the food bank by budget category; Each subcontract details the pounds of food and dollar value of the food to be distributed during the contract period; the share of food delivered to each participating food pantry by the food bank(s) will be based on substantiated need in each food pantry service area.

Authorized Signature: **Food Lover**

Date: 3/23/2015

Typed Name and Title: Food Lover, Big time food executive

Agency Name of Applicant: OCCAC

Note budget amounts are estimated until a final budget is passed by the Legislature.

Food Bank Estimated Budget Rollup

	FY 16	FY 17	Total FY 16 & FY 17
Administration	\$ 2,000.00	\$ 2,000.00	\$ 4,000.00
Equipment	\$ 1,631.50	\$ 1,528.65	\$ 3,160.15
Operations	\$ 16,000.00	\$ 16,000.00	\$ 32,000.00
SDN Foods	\$ 1,000.00	\$ 1,000.00	\$ 2,000.00
Total Contract Amount	\$ 20,631.50	\$ 20,528.65	\$ 41,160.15
Matching Funds	\$ 20,631.50	\$ 20,528.65	\$ 41,160.15

County(ies): Okanogan

		FY16	FY17
Food Bank	OACC	Administration \$ 2,000.00	\$ 2,000.00
Address	1254 Food Street NW	Equipment \$ 1,631.50	\$ 1,528.65
Contact Person	Big Rad Executive	Operations \$ 16,000.00	\$ 16,000.00
Email	FAPgenius@efap.com	SDN Foods \$ 1,000.00	\$ 1,000.00
Telephone #	253-967-8945	Total Contract \$ 20,631.50	\$ 20,528.65

Est. Pounds of Food for the biennium Matching Funds \$ 20,631.50 \$ 20,528.65

5000 lbs

County(ies):

		FY16	FY17
Food Bank		Administration	
Address		Equipment	
Contact Person		Operations	
Email		SDN Foods	
Telephone #		Total Contract	\$ - \$ -

Est. Pounds of Food for the biennium Matching Funds

AGR FORM 609-2205 (N/3/15)
Attachment E

Section 3: Reference Materials & Sample Templates

List of Essential Non-Food Items

- Consumable Cleaning Supplies
- Denture Adhesive
- Deodorant
- Detergent
- Diapers (baby & adult)
- Dish Soap
- Facial Tissue
- Feminine Products
- Hand Soap
- Paper Towels/Napkins
- Shampoo & Conditioner
- Shaving Products
- Teeth/Denture Cleaning Products
- Toilet Paper
- Toothbrush

Client Release of Information – Sample Template

CLIENT RELEASE OF INFORMATION

I, _____ (name of recipient), give _____ (name of agency/tribe) permission to release the following personal information:

_____. This information may be released to the following programs or organizations:

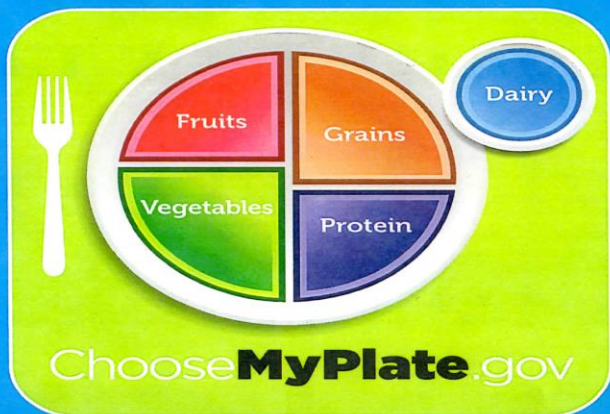
Signed,

Client's Signature

Date

***Food Pantry to retain all client release of information on file.**

What's on your plate?



Before you eat, think about what and how much food goes on your plate or in your cup or bowl. Over the day, include foods from all food groups: vegetables, fruits, whole grains, low-fat dairy products, and lean protein foods.



Make half your plate fruits and vegetables.



Make at least half your grains whole.



Switch to skim or 1% milk.



Vary your protein food choices.

Vegetables	Fruits	Grains	Dairy	Protein Foods
<p>Eat more red, orange, and dark-green veggies like tomatoes, sweet potatoes, and broccoli in main dishes.</p> <p>Add beans or peas to salads (kidney or chickpeas), soups (split peas or lentils), and side dishes (pinto or baked beans), or serve as a main dish.</p> <p>Fresh, frozen, and canned vegetables all count. Choose "reduced sodium" or "no-salt-added" canned veggies.</p>	<p>Use fruits as snacks, salads, and desserts. At breakfast, top your cereal with bananas or strawberries; add blueberries to pancakes.</p> <p>Buy fruits that are dried, frozen, and canned (in water or 100% juice), as well as fresh fruits.</p> <p>Select 100% fruit juice when choosing juices.</p>	<p>Substitute whole-grain choices for refined-grain breads, bagels, rolls, breakfast cereals, crackers, rice, and pasta.</p> <p>Check the ingredients list on product labels for the words "whole" or "whole grain" before the grain ingredient name.</p> <p>Choose products that name a whole grain first on the ingredients list.</p>	<p>Choose skim (fat-free) or 1% (low-fat) milk. They have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories.</p> <p>Top fruit salads and baked potatoes with low-fat yogurt.</p> <p>If you are lactose intolerant, try lactose-free milk or fortified soymilk (soy beverage).</p>	<p>Eat a variety of foods from the protein food group each week, such as seafood, beans and peas, and nuts as well as lean meats, poultry, and eggs.</p> <p>Twice a week, make seafood the protein on your plate.</p> <p>Choose lean meats and ground beef that are at least 90% lean.</p> <p>Trim or drain fat from meat and remove skin from poultry to cut fat and calories.</p>
<p>For a 2,000-calorie daily food plan, you need the amounts below from each food group. To find amounts personalized for you, go to ChooseMyPlate.gov.</p>				
<p>Eat 2½ cups every day</p> <p>What counts as a cup? 1 cup of raw or cooked vegetables or vegetable juice; 2 cups of leafy salad greens</p>	<p>Eat 2 cups every day</p> <p>What counts as a cup? 1 cup of raw or cooked fruit or 100% fruit juice; ½ cup dried fruit</p>	<p>Eat 6 ounces every day</p> <p>What counts as an ounce? 1 slice of bread; ½ cup of cooked rice, cereal, or pasta; 1 ounce of ready-to-eat cereal</p>	<p>Get 3 cups every day</p> <p>What counts as a cup? 1 cup of milk, yogurt, or fortified soymilk; 1½ ounces natural or 2 ounces processed cheese</p>	<p>Eat 5½ ounces every day</p> <p>What counts as an ounce? 1 ounce of lean meat, poultry, or fish; 1 egg; 1 Tbsp peanut butter; ½ ounce nuts or seeds; ¼ cup beans or peas</p>

Cut back on sodium and empty calories from solid fats and added sugars



Look out for salt (sodium) in foods you buy. Compare sodium in foods and choose those with a lower number.

Drink water instead of sugary drinks. Eat sugary desserts less often.

Make foods that are high in solid fats—such as cakes, cookies, ice cream, pizza, cheese, sausages, and hot dogs—occasional choices, not every day foods.

Limit empty calories to less than 260 per day, based on a 2,000 calorie diet.

Be physically active your way

Pick activities you like and do each for at least 10 minutes at a time. Every bit adds up, and health benefits increase as you spend more time being active.

Children and adolescents: get 60 minutes or more a day.

Adults: get 2 hours and 30 minutes or more a week of activity that requires moderate effort, such as brisk walking.



U.S. Department of Agriculture • Center for Nutrition Policy and Promotion
August 2011
CNRPP-25
USDA is an equal opportunity provider and employer.

For more information on My Plate – please visit: <http://www.choosemyplate.gov/>

Section 4: Links to Food Assistance Programs Forms & Publications

Application Forms Available for download on our website:

<http://agr.wa.gov/FoodProg/Forms.aspx>

Biennial EFAP Application Handbook (Publication No. 609-457)

EFAP Biennial Application Form (AGR FORM 609-2205)

Required EFAP Biennial Meeting Handout (Publication No. 609-460)

Accounting System Verification Form (AGR FORM 609-2206)

Equipment Procurement Requirements and Guidelines (Publication No. 609-454)

FAP Equipment Purchase Request / Approval Form (AGR FORM 609-2204)

2015-2017 Estimated Budget Allocation Table - with Comparisons (AGR PUB 609-459)

Subcontract Forms Available for download on our website:

<http://agr.wa.gov/FoodProg/ContractsAttachments.aspx>

EFAP Food Pantry Subcontract (AGR FORM 609-2208)

EFAP Food Bank Subcontract (AGR FORM 609-2209)

Section 5: New Applicants Only – Additional Required Documents

The following are additional requirements for new applicants:

A: Experience and Capability -

Describe, in narrative on one page, the qualifications and experience of the applicant organization. Discuss the following: the ability to plan, organize, administer and maintain contracts and subcontracts within the allowable administrative limits, staffing level, the expertise to properly manage the fiscal systems, data collection and reporting requirements, the ability to effectively initiate and manage subcontracts, and prior experience in the above areas.

B: Relationship with Participating Agencies -

Describe, in narrative on one page, the ability and experience of the applicant organization to work with food pantries. Discuss the following: the ability to determine eligibility, secure a subcontract, collect required reports on time, and provide technical assistance; experience working in a group setting with food pantries; ability to maintain an efficient and professional delivery of services benefiting the client population.